

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9		1				
10		1				
11	1					
12	1	1				
13		2				
14		2				
15		2				
16	1					
17		1				
18		1				
19	1					
20		1				
21		2				
22		2				
23		2				
24	1					
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.		13				
TOTAL CLAIMS	20					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						